T-215 P.002

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PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amondmikt Commissioner for Parents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 23696 Attorney Docket No.: 990253 In Re Application of: Hughes, et al. Serial Number: 09/540,128

Filed: March 31, 2000 Examiner: K. Tran Group Art Unit: 2631

Dear Sir.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	21	21	0	x \$18=	\$0
Independent**	10	7	3	x \$86=	\$258
Multiple Deper	ident Claim(s):	Yes No		\$290	\$
		⊠	One Month	\$110	\$110
E	EXTENSION FEES		Two Months	\$420	\$
			Three Months	\$950	3
	TERMINAL DISCLAIMER			\$110	\$
	*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.			TOTAL FEE	\$368
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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/540/28 Effective October 1, 2003 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 2) TYPE ____ SMALL ENTITY (Column 1) **TOTAL CLAIMS** FFF FEE RATE RATE OR BASIC FEE 770 00 BASIC FEE 385 00 FOR CRIMBER EXTRA NUMBER FILED TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9:: XS18= OR INDEPENDENT CLAIMS minus 3 = X86= X43= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR * If the difference in column 1 is less than zero, enter 10 in column 2 TOTAL OR TOTAL OTHER THAN CLAIMS AS AMENDED - PART III SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 3) (Column 1) QLAIM? ADCL 7-1.45% REMAINING PRESENT NUMBER TIONAL TIONAL RATE RATE. AMENDMENT AFTER PREVIOUSLY EXTRA 2104 FEE FEE AMENDMENT PAID FOR Minus XS18= X\$ 9=. Total OR Minus Independent · 10 X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL 258 OR ADDIT FEE ADDIT FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI- ω REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE PREVIOUSLY **AMENDMENT** AFTER EXTRA FEE FEE **AMENDMENT** PAID FOR Totai XS18= Minus XS 9= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145... OR TOTAL 10 TAL OR ADDIT FEE ADOIT FEE (Column 3) (Column 1) Column 2) CLAIMS HIGHEST ADDI: AUÜİ-ပ REMAINING NUMBER PRESENT TIONA' RATE TIONAL AMENDMENT RATE AFTER PREVIOUSLY EXTRA FEE FEE AMENDMENT PAID FOR Total Minus XS18= XS 9. OR Independent Minus X86= X-3= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE ADDIT FEE ***If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1